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Docket No. OPLINK0106DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Title: LOOP OPTICAL CIRCULATOR

the specification of which (check one)

X is attached hereto.

— was filed on — as Application Serial No. — and was amended on —

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Send correspondence to:	Bo-In Lin(#33,948)
	3475 North First Street, San Jose, California 95134-1803

Direct Telephone Calls to: (name and telephone number) Bo-In Lin, (650) 949-0418 (Tel) 949-4118 (Fax)

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Docket No. OPLIN2K06

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Full name of sole or first inventor: Zhimin Liu

Inventor's signature:

Frank

Date:

6/15/01

Residence: 4052 Ribbon Drive
San Jose, California 95130

Citizenship: USA

Post office address: 3469 North First Street
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Full name of second joint-inventor: Mark S. Wang

Inventor's signature:

M. J. [Signature]

Date:

6/15/01

Residence: 2412 Lagoon Way
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Post office address: 3469 North First Street
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Full name of third joint-inventor: Jingyu Xu

Inventor's signature:

Date:

Residence:

Citizenship: USA

Post office address: 3469 North First Street
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Full name of fourth joint-inventor:

Inventor's signature:

Date:

Residence:

Citizenship:

Post office address:

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Docket No. OPLIN2K06

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Full name of sole or first inventor: Zhimin Liu

Inventor's signature:

Date:

Residence: 4052 Ribbon Drive
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Date:

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Full name of third joint-inventor: Jingyu Xu

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Full name of fourth joint-inventor:

Inventor's signature:

Date:

Residence:

Citizenship:

Post office address: